

# **Pharmacy Ancillary Utilization Application**

# **Contents:**

1.	690-373 Contents List/Mailing Information	1	page
2.	690-374 Application Intake and Approval Process	1	page
3.	690-056 Pharmacy Ancillary Utilization Application	1	page

# In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

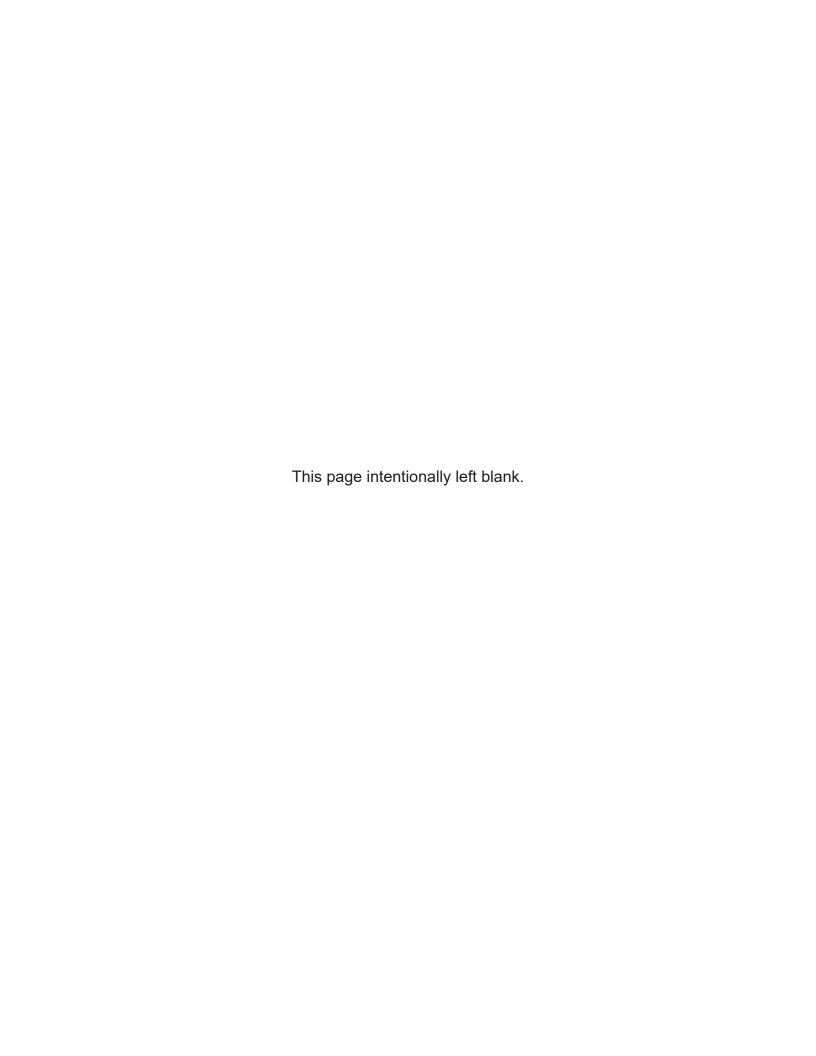
Department of Health P.O. Box 1099 Olympia, WA 98507-1099 Send other documents not sent with initial application to:

Pharmacy Quality Assurance Commission Credentialing P.O. Box 47877 Olympia, WA 98504-7877

### Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email <a href="mailto:civil.rights@doh.wa.gov">civil.rights@doh.wa.gov</a>.





Pharmacy Quality Assurance Commission PO Box 47877 Olympia WA 98507-7877 360-236-4700

# Pharmacy Ancillary Utilization Application Intake and Approval Process

**RCW 18.64A.060** 

## Process for new license applications with Ancillary utilization Applications

Pharmacies that are applying for an initial license with a Pharmacy Ancillary Utilization Plan (AUP) must be submitted 60 days prior to the Pharmacy Commission Business meeting. Submit all documents to the address listed above.

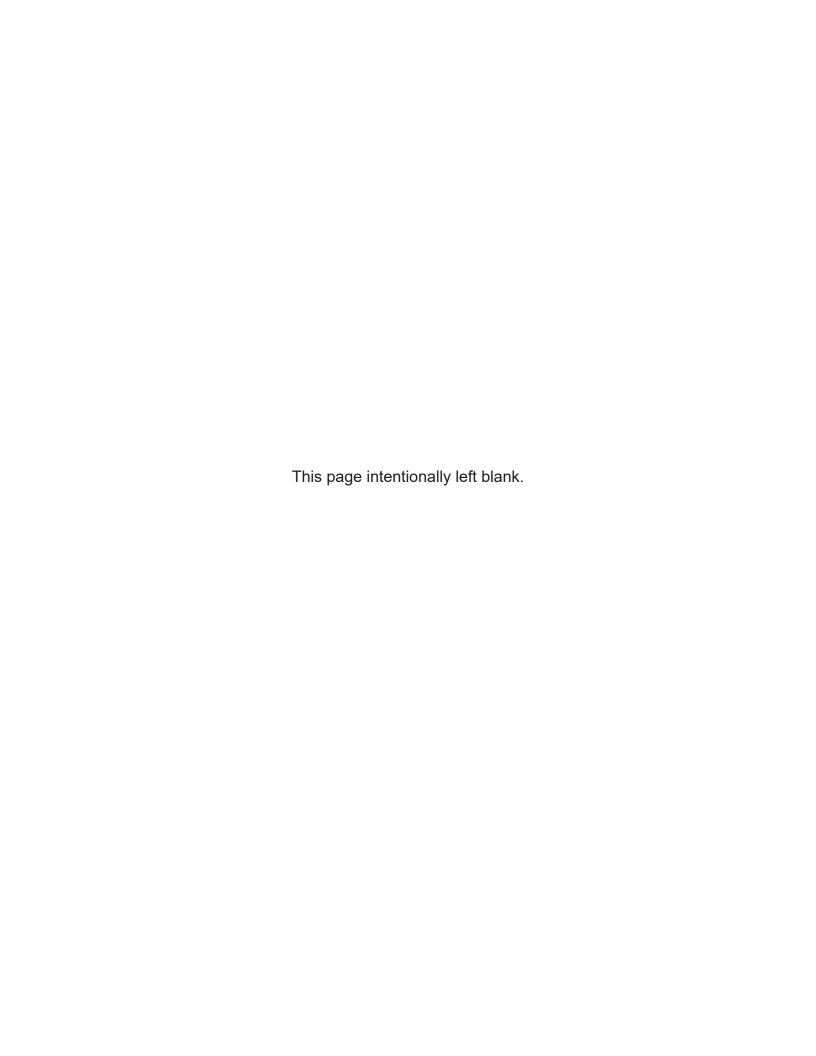
If your application with an AUP is submitted less than 60 days prior to the Pharmacy Commission Business meeting, it will not be placed on the meeting agenda until the next business meeting of the Pharmacy Commission.

# **Process for existing Ancillary utilization Applications**

All existing AUPS must be resubmitted for review and approval by the Commission based on a schedule established by the Commission. Existing Pharmacies will be notified by the Commission when they should submit their AUP for approval. Pharmacies may continue to operate under their existing AUPs until and unless they are notified otherwise by the Commission.

Per Commission guidance: All functions shall be listed in the AUP application. Specialized functions are no longer required to be submitted separately.

Note: The <u>fee</u> is applicable to a pharmacy's original AUP application, ownership, and location changes. No fee is required for updated AUPs.





Pharmacy Quality Assurance Commission PO Box 47877 Olympia WA 98507-7877 360-236-4700

# Date Stamp Here

Fee				
Ancillary UtilizationFee				
Check the <u>fee page</u> for current fees.				
All application fees are nonrefundable				

Revenue: 0262010000								
Pharmacy Anc	illary Ut	ilization App	olication					
All utilization plans must be submitted 60 days find the Commission meeting schedule on the			n business meeting. You can					
Note: Utilization plans for technicians and assistants must accompany this application.								
Select One: New Update								
1. Demographic Information								
UBI#		Federal Tax ID (FEIN)	) #					
Legal Owner/Operator Name								
Pharmacy License #								
Pharmacy Name								
Physical Address								
City	State	Zip Code	County					
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)						
2. Facility Specific Information	on							
Number of Employees:								
Pharmacists	Technicia	ns As	sistants					
3. Key Individuals								
Responsible Pharmacist		L	_icense #					

DOH 690-056 February 2024 Page 1 of 2

Signature					
I certify I have received, read, understood, and agree to comply category. I also certify the information herein submitted is true to					
Signature of Owner/Authorized Representative of Pharmacy	Date				
Print Name	Print Title				
Signature of Responsible Pharmacist	Date				
Print Name of Responsible Pharmacist	Print Title of Responsible Pharmacist				

DOH 690-056 February 2024 Page 2 of 2